

**STUDENT SERVICE ABOVE SELF PROGRAM**

**COMMUNITY SERVICE PROJECT EXECUTIVE SUMMARY**

**2019-2020**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Community Service Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete only if there are changes from the Project Plan

|  |  |  |
| --- | --- | --- |
| **Team Members** | **Grade** | **Title if any (Captain, Recorder,****Student Recruiter, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Complete only if there are changes from the Project Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Project Advisor(s)** | **Position** | **Email** | **Phone** |
|  |  |  |  |
|  |  |  |  |
| **Rotarian Resource Person(s)** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Community Organization Contact** |  |  |  |
|  |  |  |  |

**Data**

|  |  |
| --- | --- |
| 1 Approximately how many students participated in the project? |  |
| 2 Approximately how many hours were devoted to the project? |  |
| 3 Approximately how many people were impacted/”touched” by the project? |  |
| 4 What was your “official” starting day/month? |  |
| 5 What was your “official” last day of the project? |  |

**Project Reflection & Evaluation**

|  |
| --- |
| Challenges. List the biggest challenges you faced (limit to 3) and describe how you dealt with each one.1-2-3- |
| Goal Achievement. Impact/Results. List the main goals of the project. For each goal describe your impact/results and how you determined your level of success.1-2-3- |
| What went well in your project & why? |
| What are the biggest things you would do differently if you could turn back the clock? |
| Check the number that the core student team members and project advisor agree represents your project’s success:\_\_\_ 1 Very successful\_\_\_ 2 Moderately successful\_\_\_ 3 Moderately unsuccessful\_\_\_ 4 DisappointingComments – if any. |
| Check the number that the core student team members and project advisor agree would be checked by the people you served with your project:\_\_\_ 1 Very successful\_\_\_ 2 Moderately successful\_\_\_ 3 Moderately unsuccessful\_\_\_ 4 DisappointingComments – if any. |

**Personal**

|  |
| --- |
| What are the main things team members learned about the issue your project addressed? |
| What are the main things team members learned about themselves by doing this project?Generally: |
| Skills & Qualities.Of course all team members are different. Even so, check the skills and qualities that most of your team members would say they had the biggest opportunity to “work on” by doing this project.\_\_\_ Leadership\_\_\_ Civic Engagement \_\_\_ Teamwork\_\_\_ Organization\_\_\_ Goal Setting\_\_\_ Strategic Planning & Execution\_\_\_ Creativity/Innovation\_\_\_ Critical Thinking\_\_\_ Collaboration\_\_\_ Communications/Public Speaking\_\_\_ Marketing\_\_\_ Monitoring and Measuring Progress \_\_\_ Determining Results/Impact \_\_\_ Public Policy/Advocacy \_\_\_ Perseverance\_\_\_ Resilience\_\_\_ Empathy |
| Would you recommend your project to other students?  Why or why not? |
| Final summary comments – not required. |